



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

STATE PLUMBING BOARD
DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF CONSTRUCTION CODES
Conference Room No. 3
2501 Woodlake Circle
Okemos, Michigan 48864

AGENDA

September 23, 2008
10:00 a.m.

1. Call to Order and Determination of Quorum D. Branch
 - A. Introduce new State Plumbing Board Member – Robert Whipple
2. Approval of Minutes - July 16, 2008 (Pages 3 - 10)
Approval of Journey Plumber Examination Minutes - July 17, 2008
Approval of Master Plumber Examination Minutes - July 17, 2008
Approval of Plumbing Contractor Examination Minutes - July 17, 2008
3. Applicants Appearing Before the Board (Pages 11 - 23)

A.	Dedvukaj, Robert	Master Plumber Applicant	10:15
B.	Rupp, Edward D.	Master Plumber Applicant	10:30
C.	Ehresman, Howard A.	Journey Plumber Applicant	10:45
4. Good Moral Character Appeals (Pages 24 - 25)

A.	Dimarco, Matthew J.	Journey Plumber Applicant	11:00
B.	Smith, Harry W. Jr.	Apprentice Applicant	11:15
5. Construction Code Appeals Request (Pages 26 - 46)

A.	GMB Architects – Saugatuck H. S. New Stadium CCC- PLBG-08-015	11:45
B.	Tower Pinkster – Olivet Comm. Sch. All Sport Stadium CCC-PLBG-08-016	12:00

The meeting site and parking is accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional services in order to participate in the meeting should call Michele Ramsey at (517) 241-9330 at least 10 work days before the event. DLEG is an equal opportunity employer/program.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

State Plumbing Board Agenda

Page 2

September 23, 2008

- C. Kingscott Assoc. Inc. – Parchment H.S. Field Bleachers 12:15
CCC-PLBG-08-017
- 6. New Products (Pages 47 - 51) R. Konyndyk
 - A. Penner Manufacturing Inc. – Penner Patient Care, Premier, Model 3600201P
Cascade Bathing System – BCCP-08-010
- 7. Chief's Report R. Konyndyk
- 8. Legislative Update R. Konyndyk
- 9. Plumbing Inspector Registration (0) R. Konyndyk
- 10. Old Business
- 11. New Business
 - A. Product Approval Handouts
 - 1. HydraFlex – waterproofing crack isolation membrane
BCCP-08-011
 - 2. Diversified Products & Research Inc. – Go Aerosol Spray Weld
BCCP-08-013
 - 3. Quietside ODW – on demand tankless water heater
BCCP-08-012
- 12. Public Comment
- 13. Next Meeting – October 22, 2008
- 14. Adjournment



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

STATE PLUMBING BOARD
DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF CONSTRUCTION CODES
Upper Peninsula State Fairgrounds
2401 12th Avenue North
Escanaba, Michigan 49829

MINUTES
July 16, 2008
8:15 a.m.

MEMBERS PRESENT

Mr. Duane Branch, Chairperson
Ms. Valerie J. Cotanche
Mr. Richard Gaber
Mr. Brock Howard
Mr. David Jones

MEMBERS ABSENT

Mr. Michael Gaber
Mr. Charlie Swindell

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH PERSONNEL
ATTENDING**

Mr. Robert G. Konyndyk, Chief, Plumbing Division

OTHERS IN ATTENDANCE

Mr. Curt Hubmann, Johnson Diversey
Mr. Jon Ludtke, Johnson Diversey
Mr. Gord Buitendorp, West Michigan Christian H.S.
Mr. Ralph Moxley, East Grand Rapids High School, URS Corp.
Mr. Don DeGrand, Michigan DEQ

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Branch called the meeting to order at 8:15 a.m. A quorum was present at that time.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

2. APPROVAL OF MINUTES

A **MOTION** was made by Board Member Jones and supported by Board Member R. Gaber to approve the board recommendation minutes from the June 3, 2008 meeting. **MOTION CARRIED.**

3. APPROVAL OF JOURNEY PLUMBER, MASTER PLUMBER AND PLUMBING CONTRACTOR EXAMINATION RESULTS

A **MOTION** was made by Board Member Jones and supported by Board Member R. Gaber to approve the results of the Journey and Master Plumber Examination held on June 4, 2008 and the Plumbing Contractor Examination held on June 11, 2008. **MOTION CARRIED.**

4. APPLICANTS APPEARING BEFORE THE BOARD

None

5. CONSTRUCTION CODE APPEALS REQUEST

GMB Architects – Western Michigan Christian H.S. Gym - CCC-PLBG-08-013

Mr. Gord Buitendorp from GMB Architects presented the board a construction code appeal request to allow the use of reduced number of plumbing fixtures near the new Gymnasium and utilize fixtures in adjacent portions of the building to address fixture requirements.

Following a review and discussion, a **MOTION** was made by Board Member Jones and supported by Board Member Cotanche to approve the appeal request for Western Michigan Christian High School with the following conditions: A letter signed by the school authorities stating the doors will be left open to the alternate restrooms shall be provided, the alternate restrooms will be available for any events, and signs shall be posted to direct attendees to the additional available restrooms. Photographs shall be provided to verify the signs existence and location. Further, a letter following a year of operation shall be provided providing an operational update. **MOTION CARRIED.**

URS Corp. – East Grand Rapids H.S. Addition -CCC-PLBG-08-014

Mr. Ralph Moxley from URS Corporation presented the board a construction code appeal request to allow the use of reduced number of plumbing fixtures near a new pool area and utilize fixtures in adjacent portions of the building. Mr. Moxley provided signed documents from the school administrators with their pledge to have the nearby restrooms available.

Following a review and discussion, a **MOTION** was made by Board Member Howard and supported by Board Member Jones to approve the appeal request for East Grand Rapids High School Addition, with the following conditions: Locate the signage to the entrance to the restrooms to direct attendees to the additional available restrooms. The sign locations will be verified to the board by photographs. Further, a letter following a year of operation shall be provided providing an operational update. **MOTION CARRIED.**

6. PRODUCT APPROVAL

SC Johnson Diversey – RTD Cleaning Chemical Dispensing System - BCCP-08-001

Mr. Curt Hubmann and Mr. Jon Luldtke provided the board a product approval request from SC Johnson Diversey.

The board requested SC Johnson Diversey review all previous correspondence and address all concerns by providing adequate responses for our review. It was suggested they test 1055 for the whole unit.

A **MOTION** was made by Board Member Jones and supported by Board Member Howard to table action on the consideration until proper documentation is provided. Chairman Branch also expressed concerns with the products ability to remove the self drainage attachment function. **MOTION CARRIED.**

7. GOOD MORAL CHARACTER APPEALS

None

8. CHIEF'S REPORT

Mr. Konyndyk provided information on the following issues:

1. State Plumbing Board Reappointments: Mr. David Jones and Mr. Charlie Swindell were reappointed until June 30, 2011. Mr. Duane Branch was reappointed until June 30, 2010.
2. The 2006 code is in effect and a committee is rewriting examinations and making changes for the September new test. The 2006 residential code shall take effect August 1, 2008. The building code will become effective the same date.
3. Due to the change in the Journey Plumber Examination a new insert along with each July 17, 2008 admission card indicating they need to supply their own materials for the copper project was provided for the examinees.
4. Mr. Konyndyk informed the board of Mr. Henry Green's last day as director was July 11, 2008. He will be in Washington on August 4, 2008 for the National Institution for Building Science. Mr. Mark Sisco's position was filled by Ms. Beth Aben,

July 16, 2008

effective on May 4, 2008 she is the new Deputy Director.

5. Mr. Konyndyk will be attending the hearings in Minnesota in September for the 2009 code. He has started the code update class for the 2009 code cycle preparation.

9. LEGISLATIVE UPDATE

None

10. PLUMBING INSPECTOR REGISTRATION (1)

Mr. Robert Konyndyk provided the following person for plumbing inspector registration approval:

INGLESTON, Steven L.
Benzie County
Additional Inspector

A **MOTION** for plumbing inspector registration was made by Board Member Jones and supported by Board Member Howard to recommend the individual to the Construction Code Commission for approval. **MOTION CARRIED.**

11. OLD BUSINESS

- A. Mr. Konyndyk provided correspondence from ANSI for the Board's review.
- B. Discussion of law penalties
 1. The Board was asked to consider what penalty should be enforced for Journey and Master Plumbers who do not take the 5 hour code update class by the July 31, 2009 deadline. The State Plumbing Board discussed the code update deadline. Mr. Konyndyk provided additional past motions for the last cycle. The board's position is to adhere to the July 31, 2009 deadline.

12. NEW BUSINESS

None

13. PUBLIC COMMENT

There were no public comments.

14. NEXT MEETING

September 23, 2008

15. ADJOURNMENT

Chairperson Branch adjourned the meeting at 10:30 a.m.

Approved: _____ Date: _____

License Review – Journey Plumber
July 17, 2008

The following individuals have received a passing score for the Journey Plumber examination taken in Escanaba, Michigan on **July 17, 2008**.

Journey Plumber

Address

AHO, VICTOR A

EBEN JUNCTION MI

EMMETT, DEVIN W

INDIAN RIVER MI

HAATAJA, NORMAN E

PELKIE MI

License Review – Master Plumber
July 17, 2008

The following individuals have received a passing score for the Master Plumber examination taken in Escanaba, Michigan on **July 17, 2008**.

Master Plumber

Address

GRAHN, MICHAEL H

GODDMAN WI

SCHOONE, JOSEPH D

RHINELANDER WI

TALLMAN, DAVID W

CHEBOYGAN MI

License Review – Plumbing Contractor
July 17, 2008

The following individuals have received a passing score for the Plumbing Contractor examination taken in Escanaba, Michigan on **July 17, 2008**.

Plumbing Contractor

Address

CORNISH, CHRISTOPHER P

LAKE LINDEN MI

SCHENK, WADE R

PESHTIGO WI



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 30, 2008

Mr. Robert Dedvukaj
30 Tyndale Pl.
Yonkers, NY 10701

Dear Mr. Dedvukaj:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on September 23, 2008, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:15**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the State of New York and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on September 24, 2008, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Enclosure

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Application for Master Plumber Examination
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

92

Tran Info: 92 14154145-1 07/21/08
Chk#: 2598 Amt: \$50.00
ID: VARIETY INSTALLERS INC

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Necessary for examination consideration	
Penalty: Application cancelled and fee forfeited	

Instructions: Applicant shall be at least 18 years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period of at least 2 years immediately preceding the date of application.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and fee to the address above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must submit a copy of their current license with the licensing rules and regulations from that state/country.

Out of State Experience

Applicant Information		OFFICE USE ONLY T-81 12319
NAME (Last, First, Middle) DEDEVUKAJ, ROBERT		SOCIAL SECURITY NUMBER*
HOME ADDRESS 30 TYNDALE PL		DATE OF BIRTH
CITY YONKERS		COUNTY WESTCHESTER
STATE NY	ZIP CODE 10701	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Journey Plumber License No. 82- _____	
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Master Plumber License No. 1071 State/Country NEW YORK, USA	

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date _____

☒ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Background information

Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

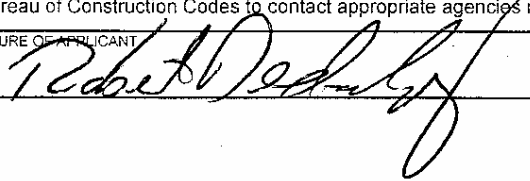
In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT 	DATE 07-01-08
---	------------------

Employment Information - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER VARIETY INSTALLERS, INC.			NAME OF MASTER PLUMBER ROBERT DEDVUKAJ		
BUSINESS ADDRESS 30 TYNDALE PL			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY YONKERS	STATE NY	ZIP CODE 10701	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <div style="text-align: right;"> ELIZABETH PAREDES Notary Public - State of New York ID No. 01PA6153870 Qualified in Westchester County My Commission Expires October 16, 2010 </div>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this <u>11th</u> day of <u>July</u> , 2008		
SIGNATURE OF MASTER PLUMBER Robert Dedvukaj			a Notary Public in and for <u>Westchester NY</u> County, Michigan		
LICENSE NUMBER 1071			Signature of Notary Public Elizabeth Paredes		
			My Commission expires: _____		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER V			NAME OF MASTER PLUMBER Robert DEDVUKAJ		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, _____		
SIGNATURE OF MASTER PLUMBER			a Notary Public in and for _____ County, Michigan		
LICENSE NUMBER			Signature of Notary Public _____		
			My Commission expires: _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT Robert Dedvukaj	DATE July 01 - 08



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 30, 2008

Mr. Edward D. Rupp
14639 County Road S-T
Lyons, OH 43533

Dear Mr. Rupp:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on September 23, 2008, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:30**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the State of Ohio and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on September 24, 2008, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Enclosure

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Application for Master Plumber Examination
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/hrc

92

Tran Info: 92 14118727-1 06/25/08
Chk#: 7718 Amt: \$50.00
ID: RUPP PLUMBING & HEATING INC

Out of State Experience

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733 Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited	The Department of Labor and Economic G. national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
---	---

Instructions: Applicant shall be at least 18 years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period of at least 2 years immediately preceding the date of application.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (all pages must be submitted) and fee to the address above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

Applicant Information		<small>OFFICE USE ONLY</small> T-81 12321
NAME (Last, First, Middle) Rupp Edward D.		SOCIAL SECURITY NUMBER
HOME ADDRESS 14639 County Road S-T		DATE OF BIRTH
CITY Lyons	COUNTY Fulton	
STATE OHIO	ZIP CODE 43533	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- _____		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. 19696 State/Country OHIO		

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.	
Preferred Date _____	<input checked="" type="checkbox"/> No Preference - Next Available Examination
If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Employment Information - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____ a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER					
LICENSE NUMBER					

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
Rupp Plumbing			GLENN D. Rupp		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
15856 County Road 5-T			From: 1973 To: 1984		
CITY	STATE	ZIP CODE			
Wausean	OHIO	43567	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <u>40</u>		
TYPE OF WORK PERFORMED					
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK					
Installation of Plumbing piping and fixtures in new housing, Residential New Plumbing in 16 unit Apartments. Plumbing for TCBY Yogurt Stores. Installed New Bathroom at STEEL mill. Perform maintenance for convenience stores.					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>Sandra D. Emmons</u> this <u>24</u> day of <u>June</u> , 2008 a Notary Public in and for <u>Lenawee</u> County, Michigan. Signature of Notary Public: <u>Sandra D. Emmons</u> My Commission expires: <u>Oct 5, 2014</u>		
SIGNATURE OF MASTER PLUMBER					
DECEASED					
LICENSE NUMBER					

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE
<u>Edward D. Rupp</u>	<u>6-24-08</u>

SANDRA D. EMMONS
 Notary Public, State of Michigan
 County of Lenawee
 My Commission Expires 10-05-2014
 Acting in the county of Lenawee

Background Information

Have you been convicted of a felony or misdemeanor?

☐ Yes☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT

DATE



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

September 2, 2008

Mr. Howard A. Ehresman
184 E. Ash St.
Mason, MI 48854

Dear Mr. Ehresman:

The Plumbing Division has received your Application for the **Journey Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 23, 2008**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:45**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Tennessee** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 24, 2008**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Enclosure

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Application for Journey Plumber Examination
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plumbing Division
P.O. Box 30255
Lansing, MI 48909
517-241-9330

95

Trans Info: 95 14223119-1 08/13/08
Chk#: CASH Amt: \$50.00 ✓
ID: HOWARD A EHRESMAN

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733	The Department of Labor & Economic Growth will
Completion: Necessary For Exam Consideration	color, marital status, disability, or political beliefs. If
Penalty: Examination Will Not Be Given	make your needs known to this agency.

Out of State Experience

in,
ay

Instructions - Applicant shall be at least 18 years of age and have 6,000 hours experience over a period of not less than 5 years. The experience shall be under the supervision of a master plumber. Applicant shall be a current registered Michigan apprentice under 2002 PA 733.

- Complete and sign original application. Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and fee to above address.

OFFICE USE ONLY

T-82 22907

Applicant Information

NAME (Last, First, Middle) Ehresman Howard Allen		SOCIAL SECURITY NUMBER*	
HOME ADDRESS 184 E. Ash St		DATE OF BIRTH	
CITY Mason		COUNTY Ingham	
STATE MI	ZIP CODE 48854	TELEPHONE NUMBER (Include Area Code)	

Current Status

1. Have you previously applied to take the Michigan journey plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Are you now licensed as a journey plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Journey Plumber License No: 1441 State/Country: Tennessee U.S.		
3. Are you registered as an apprentice with the State of Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Apprentice No. 83- Out of State		

Examination Preference

Examinations are conducted in March, June, September, and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date _____

☒ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Apprenticeship School

1. Have you attended a joint apprenticeship school? <input checked="" type="checkbox"/> Yes (Complete information below) <input type="checkbox"/> No	
NAME OF SCHOOL Lincoln Park Technology and Trade	CITY/STATE Knoxville TN
INSTRUCTOR Mark Baker	DATES ATTENDED (MO/DAY/YR) FROM: 09/04 TO: 03/08
2. Have you attended other plumbing schools (Military, Adult Education, Etc.)? <input type="checkbox"/> Yes (Complete information below) <input checked="" type="checkbox"/> No	
NAME OF SCHOOL	CITY/STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) FROM: TO:

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Education

HIGH SCHOOL Mason high school		COLLEGE / UNIVERSITY Lansing Community Col		university of Tennessee	
CITY / STATE Mason MI		CITY / STATE Lansing MI		Knoxville TN	
HIGHEST GRADE COMPLETED 12th / Senior	DATE GRADUATED 2002	MAJOR Business	DATE GRADUATED —		

Background Information

Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.	

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach addition sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURTS	
<div><div></div><div></div><div></div></div>	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.	
<div></div> <div></div> <div></div>	
RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes and Fire Safety to contact appropriate agencies regarding my record of conviction(s).	
SIGNATURE	DATE

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc.) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person **who is licensed** as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the State of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY)	
CITY			FROM:	TO:
STATE	ZIP	WORK SCHEDULE		NUMBER OF HOURS WORKED/WEEK
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
TYPE OF WORK PERFORMED				
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____	
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____	
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN	
			(Signature) NOTARY PUBLIC	
			MY COMMISSION EXPIRES: _____	

Recently moved from Tennessee to Michigan. Still pursuing a job. Most employers would like to see a Michigan journeyman license first.


Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY)	
CITY			FROM:	TO:
STATE	ZIP	WORK SCHEDULE		NUMBER OF HOURS WORKED/WEEK
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
TYPE OF WORK PERFORMED				
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____	
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____	
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY,	
			MICHIGAN	
			(Signature) NOTARY PUBLIC _____	
			MY COMMISSION EXPIRES: _____	

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY)	
CITY			FROM:	TO:
STATE	ZIP	WORK SCHEDULE		NUMBER OF HOURS WORKED/WEEK
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
TYPE OF WORK PERFORMED				
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____	
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____	
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY,	
			MICHIGAN	
			(Signature) NOTARY PUBLIC _____	
			MY COMMISSION EXPIRES: _____	

Certification and Signature (Must be completed by all applicants)

I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE 	DATE 8/13/08



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 31, 2008

Mr. Matthew J. Dimarco
35687 Electra
Sterling Heights, MI 48312

Dear Mr. Dimarco:

I am writing in response to your appeal requesting to appear before the State Plumbing Board in the matter of a denial for **Application for Journey Plumber Examination**.

The Plumbing Division is scheduling you to appear before the board at the next scheduled meeting. That meeting will be held on **September 23, 2008**, at the Michigan Department of Labor & Economic Growth, Bureau of Construction Codes, 2501 Woodlake Circle, Conference Room No. 3, Okemos, Michigan. Your appointment is at **11:00 a.m.**

Upon completion of the board's review, the applicant shall be informed of the board's decision. Applicants approved by the board shall be required to reapply for **application for re-examinations** by use of the proper form and fee. Applicants denied by the board will be informed of the appeal process methodology.

If you have any questions or are unable to attend, contact this division at (517) 241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 31, 2008

Mr. Harry W. Smith Jr.
604 W. Johnbeers Rd. Lot 15 M
Stevensville, MI 49127

Dear Mr. Smith:

I am writing in response to your appeal requesting to appear before the State Plumbing Board in the matter of a denial for **Registration for Plumber's Apprentice**.

The Plumbing Division is scheduling you to appear before the board at the next scheduled meeting. That meeting will be held on **September 23, 2008**, at the Michigan Department of Labor & Economic Growth, Bureau of Construction Codes, 2501 Woodlake Circle, Conference Room No. 3, Okemos, Michigan. Your appointment is at **11:15 a.m.**

Upon completion of the board's review, the applicant shall be informed of the board's decision. Applicants approved by the board shall be required to reapply for **registration for plumber's apprentice** by use of the proper form and fee. Applicants denied by the board will be informed of the appeal process methodology.

If you have any questions or are unable to attend, contact this division at (517) 241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 30, 2008

TO: Members of the State Plumbing Board
FROM: Robert G. Konyndyk, Chief, Plumbing Division *RGK/MDR*
SUBJECT: Construction Code Appeal Request for the Saugatuck High School New Stadium

APPLICANT REPRESENTATIVE:

Mr. David Wilkins
GMB Architects
85 East Eighth Street
Suite 200
Holland, Michigan 49423-3528

PROJECT:

Saugatuck High School
New Stadium
BCC Project Number 78440 – Project

AUTHORITY:

Section 15 of 1972 PA 230 being section 125.1515 of the Michigan Compiled Laws.

APPEAL REQUEST:

Allow the use of reduced number of plumbing fixtures near the new field which are located in the existing High School Building Lobby.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

July 30, 2008
Page 2

APPLICABLE CODE SECTION:

Refer to the plan review letter with concerns addressed by reviewer Peter Ingalls, letter dated April 24, 2008.

RECOMMENDATION:

Staff does not have a recommendation prior to evaluating the testimony of Mr. Wilkins.

RGK/mkr

**MICHIGAN STATE PLUMBING BOARD
BUREAU OF CONSTRUCTION CODES**

2501 Woodlake Circle
Okemos, Michigan 48864

Appeal Docket No.
CCC-PLBG-08-015

Petitioner, Mr. David Wilkins, GMB Architects, 85 East Eighth Street, Suite 200, Holland, Michigan 49423-3528 for the Saugatuck High School New Stadium, BCC Project Number 78440 – Project.

vs

Respondent, Michigan Department of Labor and Economic Growth, Bureau of Construction Codes

NOTICE OF HEARING

Date: September 23, 2008
Time: 11:45 a.m.
Location: 2501 Woodlake Circle, Conference Room #3, Okemos, Michigan

Pursuant to the authority contained in Section 16 of 1972 PA 230, the Stille-Derossett-Hale Single State Construction Code Act (MCLA 125.1516).

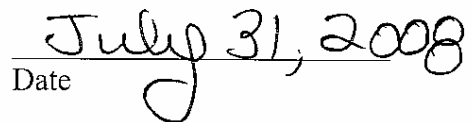
A Hearing will be held in response to the request of Mr. David Wilkins, GMB Architects, 85 East Eighth Street, Suite 200, Holland, Michigan 49423-3528 for the Saugatuck High School New Stadium, BCC Project Number 78440 – Project to appeal for relief from the requirements of Section 403.1 of the Michigan Plumbing Code.

Exhibits:

Exhibit A A copy of the application received from Mr. Wilkins dated June 23, 2008.

MICHIGAN STATE PLUMBING BOARD


Robert G. Konyndyk, Chief of Plumbing Division


Date

Appeal Docket No.
CCC-PLBG-08-015

NOTE

The parties shall be given an opportunity to present oral and written arguments on issues of law and policy and an opportunity to present evidence and arguments on issues of fact.

Parties are expected to be prepared to present all competent evidence on all disputed issues. If a necessary witness will not appear voluntarily at this hearing, parties are entitled to subpoenas compelling their attendance and subpoenas duces tecum for submission of documentary evidence. A request for same must be made with the Bureau at the above address, Attention: Chief of Plumbing Division.

All proceedings shall be conducted in accordance with procedures applicable to the trial of contested cases under 1969 PA 306, being the Administrative Procedures Act of 1969.

A CONSTRUCTION CODE APPEAL WILL BE GRANTED ONLY UPON A SHOWING OF GOOD CAUSE.

**EXHIBIT A - MR. DAVID WILKINS, GMB ARCHITECTS, 85 EAST EIGHTH STREET,
SUITE 200, HOLLAND, MICHIGAN 49423-3528 FOR THE SAUGATUCK HIGH SCHOOL
NEW STADIUM, BCC PROJECT NUMBER 78440 – PROJECT**



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 30, 2008

Mr. David Wilkins
GMB Architects
85 East Eighth Street
Suite 200
Holland, Michigan 49423-3528

Dear Mr. Wilkins:

Attached is a Notice of Hearing regarding an appeal from the requirements of Section 403.1, of the Michigan Plumbing Code.

This hearing is in response to your request to appeal for relief from the requirements of the above referenced code section.

Please be prepared to address the board's concern and provide any information, which will aid in their decision. Also please be prepared to address the following questions:

1. What is the stage of construction?
2. Provide the specific address for the facility.
3. Do you have plans to install any signs which would provide restroom location for occupants not familiar with the facility?

If you have any further questions prior to the meeting, contact me at (517) 241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Attachment

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

Received

APR 28 2008

GMB Architects-Engineers
Holland, MI 49423

April 24, 2008

Mr. David Wilkins
GMB Architects Engineers
85 E Eight Street
Suite 200
Holland, MI 49423

RE: Project Number: 78440 - Allegan
Arch. Project Number: 5-1070
Saugatuck High School
401 Elizabeth Street
Saugatuck, MI

Use Group: A5/S1
Construction Type: VB/VB
Square Footage: New 6,615
Actual Occupant Load: 1553

Dear Mr. Wilkins:

This project has been reviewed for compliance with the State of Michigan Construction Code.

2003 Michigan Building Code for footing and foundation - George Herrity

The foundation and building permits will not be issued until the site review has been completed by this division and approved by the Michigan Department of Education.

This project is approved for compliance with the Michigan Building Code for footing and foundation subject to the preceding plan review comments and field inspection.

2003 Michigan Building Code - George Herrity

1. The foundation and building permits will not be issued until the site review has been completed by this division and approved by the Michigan Department of Education.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9328 • Fax (517) 241-9308
www.michigan.gov



2. MBC, Section 302.3 - The home bleachers is considered a mixed use facility and shall comply with this Section as a separated use (302.2.2). Concessions 101, Press Boxes 203 & 303, Women's Toilet 102, Men's Toilet 104, and the Bleachers fall into use group A5. Storage 105 and Under Bleacher areas 108 & 109 fall into use group S1. S1 use groups will be separated from A5 use groups per Table 302.3.2. Concessions, and Women's & Men's Toilets will be separated with fire barriers per Section 706 or an automatic sprinkler system shall be provided per Section 903.2.1.5.
3. MBC, Section 106.3.4.2 - Required deferred submittals include the bleachers. If a deferred submittal 2 sets of sealed and signed construction documents, an application for plan examination requesting a building review, and \$100 deposit fee shall be submitted to this office for review and approval prior to installation. Press box loading shall be indicated.
4. MBC, Section 1024.1.1 refers to ICC 300 and Section 404 of this code requires 3 means of egress from the home bleachers.
5. MBC, Section 1104.3.2 - Press boxes that exceed 500 aggregate square feet or have multiple levels shall be on an accessible route.
6. MBC, Section 1109.2.1.2 - Provide an unisex toilet.
7. MBC, Section 1012 - Refer to Drwg. C6.03, upper right hand corner. Provide guards for the retaining wall per this Section. Refer to Drwg. C101, lower right hand corner. Provide guards for the semi-circular retaining wall per this Section.
8. MBC, Section 106.1.1 - Refer to Drwg. C1.01, lower right hand corner. Provide construction documents of the semi-circular retaining wall that are of sufficient clarity to show that it will conform to the provisions of this code.

2006 Michigan Plumbing Code - Peter Ingalls

MPC, Section 403.1 - Plumbing fixtures shall be provided for the type of occupancy and in the minimum number shown in Table 403.1. Types of occupancies not shown in Table 403.1 shall be considered individually by the code official. The number of occupants shall be determined in accordance with the Michigan Building Code. Occupancy classifications shall be determined in accordance with the Michigan Building Code.

Exception: The actual number of occupants determined by a supporting affidavit from the owner or agency.

Note based on a use group of A-5 and a seating capacity of 1553 you shall provide the following minimum fixtures:

Male = 11 water closets and 4 lavatories.

Female = 20 water closets and 6 lavatories.

Mr. David Wilkins

Page 3

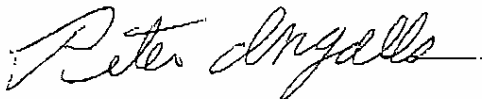
April 24, 2008

You shall also provide 2 drinking fountains and 1 service sink. Note at this time you are short 11 water closets for minimum female fixture count and 1 water closet for minimum male fixture count. Note if you wish to make an appeal to this review it shall be done thru Bob Konyndyk chief of the plumbing division at 517-241-9330.

Upon receipt of 2 complete set(s) of revised plans responding to the Building, Plumbing code(s) plan review comments noted herein and upon completion and approval of the Electrical and Mechanical reviews, the plan review approval will be forwarded.

If you have any questions regarding your plan review, please contact our office at (517) 241-9328.

Sincerely,

A handwritten signature in cursive script that reads "Peter Ingalls".

Peter Ingalls, Plan Reviewer

PI/hf

cc: BCC - Building, Plumbing Division(s)



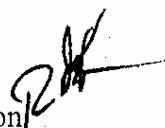
JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

August 26, 2008

TO: Members of the State Plumbing Board

FROM: Robert G. Konyndyk, Chief, Plumbing Division 

SUBJECT: Construction Code Appeal Request for Olivet Community Schools, All Sport Stadium

APPLICANT REPRESENTATIVE:

Mr. Kevin J. Hoezee
Tower Pinkster Titus Associates Inc.
648 Front Avenue NW
Suite 255
Grand Rapids, Michigan 49504-5323

PROJECT:

Olivet Community Schools
All Sport Stadium, Olivet, Michigan

AUTHORITY:

Section 15 of 1972 PA 230 being section 125.1515 of the Michigan Compiled Laws.

APPEAL REQUEST:

Allow the use of reduced number of required plumbing fixtures at the new concession restroom structure for the All Sports Stadium. The balance of the fixtures is located in the adjoining building in two different locations.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

APPLICABLE CODE SECTION:

Table 403.1

RECOMMENDATION:

Staff does not have a recommendation prior to evaluating the testimony of Mr. Hoezee. However, it is noted that upon providing a letter assuring access to the fixtures inside the school the conditions for approval will meet similar projects which have been approved by the board.

RGK/mkr

**MICHIGAN STATE PLUMBING BOARD
BUREAU OF CONSTRUCTION CODES**

2501 Woodlake Circle
Okemos, Michigan 48864

Appeal Docket No.
CCC-PLBG-08-016

Petitioner, Mr. Kevin J Hoezee, Tower Pinkster Titkus Associates, 648 Front Avenue, Suite 255, Grand Rapids, Michigan 49504-5323, for Olivet Community Schools, All Sport Stadium, Olivet, Michigan.

vs

Respondent, Michigan Department of Labor and Economic Growth, Bureau of Construction Codes

NOTICE OF HEARING

Date: September 23, 2008
Time: 12:00 p.m.
Location: 2501 Woodlake Circle, Conference Room #3, Okemos, Michigan

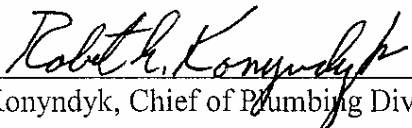
Pursuant to the authority contained in Section 16 of 1972 PA 230, the Stille-DeRossett-Hale Single State Construction Code Act (MCLA 125.1516).

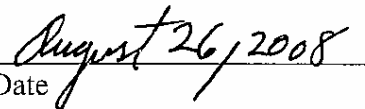
A Hearing will be held in response to the request of Mr. Kevin J. Hoezee, Tower Pinkster Titkus Associates Inc., 648 Front Avenue NW, Suite 255, Grand Rapids, Michigan 49504-5323, for Olivet Community Schools, All Sport Stadium, Olivet, Michigan to appeal for relief from the requirements of Section 403.1 of the Michigan Plumbing Code.

Exhibits:

Exhibit A A copy of the application received from Mr. Hoezee dated August 12, 2008.

MICHIGAN STATE PLUMBING BOARD


Robert G. Konyndyk, Chief of Plumbing Division


Date

Appeal Docket No.
CCC-PLBG-08-016

NOTE

The parties shall be given an opportunity to present oral and written arguments on issues of law and policy and an opportunity to present evidence and arguments on issues of fact.

Parties are expected to be prepared to present all competent evidence on all disputed issues. If a necessary witness will not appear voluntarily at this hearing, parties are entitled to subpoenas compelling their attendance and subpoenas duces tecum for submission of documentary evidence. A request for same must be made with the Bureau at the above address, Attention: Chief of Plumbing Division.

All proceedings shall be conducted in accordance with procedures applicable to the trial of contested cases under 1969 PA 306, being the Administrative Procedures Act of 1969.

A CONSTRUCTION CODE APPEAL WILL BE GRANTED ONLY UPON A SHOWING OF GOOD CAUSE.

**EXHIBIT A - MR. KEVIN J. HOEZEE, TOWER PINKSTER TITKUS ASSOCIATES INC.,
648 FRONT AVENUE NW, SUITE 255, GRAND RAPIDS, MICHIGAN 49504-5323, FOR
OLIVET COMMUNITY SCHOOLS, ALL SPORT STADIUM, OLIVET, MICHIGAN.**



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

August 26, 2008

Mr. Kevin J. Hoezee
Tower Pinkster Titus Associates Inc.
648 Front Avenue NW
Suite 255
Grand Rapids, Michigan 49504-5323

Dear Mr. Hoezee:

Attached is a Notice of Hearing regarding an appeal from the requirements of Section 403.1, of the Michigan Plumbing Code.

This hearing is in response to your request to appeal for relief from the requirements of the above referenced code section.

Please be prepared to address the board's concerns and provide any information, which will aid in their decision. Also, please be prepared to address the following questions:

1. What is the stage of construction for the stadium and the restroom addition in the building cafeteria?
2. Please provide assurance that the buildings will be open to visitors during the outside events in the form of a letter from the school authorities.
3. Clarify if the existing field and restrooms existed on the same site and the extent of the renovations.

If you have any further questions prior to the meeting, contact me at (517) 241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

August 26, 2008

TO: Members of the State Plumbing Board
FROM: Robert G. Konyndyk, Chief, Plumbing Division *RK*
SUBJECT: Construction Code Appeal Request for Parchment High School, Field Bleachers Restrooms

APPLICANT REPRESENTATIVE:

Mr. John Armstrong
Kingscott Associates, Inc.
229 East Michigan Ave.
Suite 335
Kalamazoo, Michigan 49007-6403

PROJECT:

Parchment High School Bleacher project
Parchment, Michigan

AUTHORITY:

Section 15 of 1972 PA 230 being section 125.1515 of the Michigan Compiled Laws.

APPEAL REQUEST:

Allow the use of existing plumbing fixtures at the concession restroom structure and utilize the balance of the required fixtures located in the adjoining building in two different locations. It is noted that the male and female restroom fixtures requested in the consideration are locker room facilities.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

August 26, 2008
Page 2

APPLICABLE CODE SECTION:

Table 403.1

RECOMMENDATION:

Staff does not have a recommendation prior to evaluating the testimony of Mr. Armstrong.

RGK/mkr

**MICHIGAN STATE PLUMBING BOARD
BUREAU OF CONSTRUCTION CODES**

2501 Woodlake Circle
Okemos, Michigan 48864

Appeal Docket No.
CCC-PLBG-08-017

Petitioner, Mr. John Armstrong, Kingscott Associates, Inc., 229 East Michigan Ave., Suite 335,
Kalamazoo, Michigan 49007-6403 for Parchment High School, Field Bleachers.

vs

Respondent, Michigan Department of Labor and Economic Growth, Bureau of Construction
Codes

NOTICE OF HEARING

Date: September 23, 2008
Time: 12:15 p.m.
Location: 2501 Woodlake Circle, Conference Room 3, Okemos, Michigan

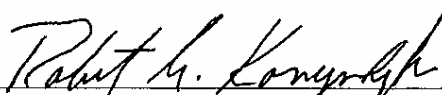
Pursuant to the authority contained in Section 16 of 1972 PA 230, the Stille-DeRossett-Hale Single
State Construction Code Act (MCLA 125.1516).

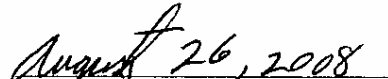
A Hearing will be held in response to the request of Mr. John Armstrong, Kingscott Associates, Inc., 229 East Michigan Ave., Suite 335, Kalamazoo, Michigan 49007-6403 for Parchment High School, Field Bleachers, to appeal for relief from the requirements of Section 403.1 of the Michigan Plumbing Code.

Exhibits:

Exhibit A A copy of the application received from Mr. Armstrong dated August 13, 2008.

MICHIGAN STATE PLUMBING BOARD


Robert G. Konyndyk, Chief of Plumbing Division


Date

Appeal Docket No.
CCC-PLBG-08-017

NOTE

The parties shall be given an opportunity to present oral and written arguments on issues of law and policy and an opportunity to present evidence and arguments on issues of fact.

Parties are expected to be prepared to present all competent evidence on all disputed issues. If a necessary witness will not appear voluntarily at this hearing, parties are entitled to subpoenas compelling their attendance and subpoenas duces tecum for submission of documentary evidence. A request for same must be made with the Bureau at the above address, Attention: Chief of Plumbing Division.

All proceedings shall be conducted in accordance with procedures applicable to the trial of contested cases under 1969 PA 306 being the Administrative Procedures Act of 1969.

A CONSTRUCTION CODE APPEAL WILL BE GRANTED ONLY UPON A SHOWING OF GOOD CAUSE.

EXHIBIT A - MR. JOHN ARMSTRONG, KINGSCOTT ASSOCIATES, INC., 229 EAST MICHIGAN AVE., SUITE 335, KALAMAZOO, MICHIGAN 49007-6403 FOR PARCHMENT HIGH SCHOOL, FIELD BLEACHERS.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

August 26, 2008

Mr. John Armstrong
Kingscott Associates, Inc.
229 East Michigan Ave.
Suite 335
Kalamazoo, Michigan 49007-6403

Dear Mr. Armstrong:

Attached is a Notice of Hearing regarding an appeal from the requirements of Section 403.1, of the Michigan Plumbing Code.

This hearing is in response to your request to appeal for relief from the requirements of the above referenced code section.

Please be prepared to address the board's concerns and provide any information, which will aid in their decision. Also, please be prepared to address the following questions:

1. What is the stage of construction?
2. Please provide assurance that the buildings will be open to visitors during the outside events in the form of a letter from the school authorities.

If you have any further questions prior to the meeting, contact me at (517) 241-9330.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

August 27, 2008

TO: Members of the State Plumbing Board
FROM: Robert G. Konyndyk, Chief, Plumbing Division *RK*
SUBJECT: Update Approval of Penner Patient Care, Cascade Bath Systems, Premier, Model 360020-1P.

The applicant has requested consideration of a product very similar to those approved in No. 1537-PA.

APPLICANT REPRESENTATIVE:

Mr. Dale M. Wall

APPLICANT:

Mr. Dale M. Wall
Penner Manufacturing Inc.
102 Grant Street
Aurora, NE 68818

AUTHORITY:

Section 21 of 1972 PA 230 being section 125.1521 of the Michigan Compiled Laws.

PRODUCT:

Cascade Bath Systems, Premier, Model 360020-1P.

APPLICATION:

Health Care, Nursing Home Bathing Systems

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

LABORATORY TESTS:

Underwriters Laboratories Inc.

CONDITIONS OF USE AND INSTALLATION:

1. All requirements of the Michigan Plumbing and Electrical codes shall be applicable.
2. Installations shall be in accordance with the manufacturer's specifications.
3. Requests from hospital or care institutions must be approved by the Health Department having jurisdiction.
4. Both hot and cold water supplies shall be protected by and approved for reduced pressure principle backflow preventer.
5. The unit shall discharge into an approved waste receptor.

RECOMMENDATION:

Staff has evaluated all the requested additional information and recommends the product be forwarded to the commission for approval.

RGK/mkr



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 21, 2008

Mr. Dale M. Wall
Penner Manufacturing Inc.
102 Grant Street
Aurora, NE 68818

Dear Mr. Wall:

The Bureau of Construction Codes, Plumbing Division, has received your Product Approval application for the Penner Manufacturing, Cascade Bath Systems, Premier, Model 360020-1P.

Your request will be provided to the State Plumbing Board for their decision after receipt and evaluation of information requested in this correspondence. If approved by the board, your product will be referred to the Construction Code Commission for final approval.

Please provide the following information to assist in our processing:

1. Pictures verifying the line connection between the shower sprayer and the shower head which runs to the tub overflow line. This item was referenced in your July 16, 2008 letter, the first paragraph.
2. Pictures verifying the location, water supply, and drain piping of the optional reservoir system.
3. Please address our concerns that the vacuum breakers (Watts 288A) are not properly located 6 inches above the flood level rim of the fixture or device.

Please contact me at 517/241-9330, if you have any further question prior to your written response.

Sincerely,

Robert G. Konyndyk, Chief
Plumbing Division

RGK/mkr

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 21, 2008

TO: Members of the State Plumbing Board
FROM: Robert G. Konyndyk, Chief, Plumbing Division *RHK*
SUBJECT: Update Approval of Penner Patient Care, Cascade Bath Systems, Premier, Model 360020-1P.

The applicant has requested consideration of a product very similar to those approved in No. 1537-PA.

APPLICANT REPRESENTATIVE:

Mr. Dale M. Wall

APPLICANT:

Mr. Dale M. Wall
Penner Manufacturing Inc.
102 Grant Street
Aurora, NE 68818

AUTHORITY:

Section 21 of Act 230, 1972 being section 125.1521 of the Michigan Compiled Laws.

PRODUCT:

Cascade Bath Systems, Premier, Model 360020-1P.

APPLICATION:

Health Care, Nursing Home Bathing Systems

DLEG is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9330 • Fax (517) 373-8547
www.michigan.gov/dleg

LABORATORY TESTS:

Underwriters Laboratories Inc.

CONDITIONS OF USE AND INSTALLATION:

1. All requirements of the Michigan Plumbing and Electrical codes shall be applicable.
2. Installations shall be in accordance with the manufacturers specifications.
3. Requests from hospital or care institutions must be approved by the Health Department having jurisdiction.
4. Both hot and cold water supplies shall be protected by and approved for reduced pressure principle backflow preventer.
5. The unit shall discharge into an approved waste receptor.

RECOMMENDATION:

Staff has requested additional information which must be evaluated prior to any recommendation.

RGK/mkr